

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 484936

1. Entity Name
MARTIN & GREER BROKERAGE CO., INC.



FILED
Apr 28, 2008 08:00 AM
Secretary of State

Principal Place of Business
847 CASSAT AVENUE
P.O. BOX 37390
JACKSONVILLE, FL 32236-4390

Mailing Address
847 CASSAT AVENUE
P.O. BOX 37390
JACKSONVILLE, FL 32236-4390



04172008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1627380

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

8. Name and Address of Current Registered Agent

GREER, JOHN C.
847 CASSAT AVE.
JACKSONVILLE, FL 32205

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDST
NAME	GREER, JOHN C.
STREET ADDRESS	847 CASSAT AVE.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	V
NAME	JACKSON, PAMELA
STREET ADDRESS	847 CASSAT AVE.
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-08

Date

Daytime Phone